FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

obligations may continue. See Instruction 1(b).					ed pursuant to Section 16(a) of the Securities Exchange Act of 1934						1934		<u> </u> r	hours pe	er response:	0.5
						tion 30(h) of the I										
1. Name and Address of Reporting Person* <u>LaBombard Christine</u>					2. Issuer Name and Ticker or Trading Symbol PENN NATIONAL GAMING INC [PENN]							Check all a	pplicable) ector)	Person(s) to Is	wner
(Last) (First) (Middle) 825 BERKSHIRE BLVD SUITE 200				3. Date of Earliest Transaction (Month/Day/Year) 01/26/2020							X Officer (give title Other (sp below) SVP, Chief Accounting Officer					
(Street) WYOMISSING PA 19610 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - No	n-Deriv	ative S	ecurities Acc	quired,	Dis	posed o	f, or Be	enefic	ially Ow	ned			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		Code (Instr. 5)					and Sec Ber Ow	mount of urities eficially ned Follow	F	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount (A) or (D)		r Pric	Trai	Reported Transaction(s) (Instr. 3 and 4)			(msu. 4)	
Common Stock 01/26							F		504	D	\$2	5.96 23,525			D	
		Ta				urities Acqu s, warrants,							d			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		4. Transactic Code (Inst 8)		6. Date Exercisable at Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivativ Security (Instr. 5)	derivati Securit Benefic Owned Followi Reporte	tive ties cially I ring ted action(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Date Exercisable

Expiration Date

Explanation of Responses:

/s/ Elliot Hoops as attorney-infact for Christine LaBombard

Amount or Number

of Shares

Title

01/28/2020

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

(A) (D)